



## Notice of Eligibility & Rights and Responsibilities under the Family and Medical Leave Act (FMLA)

This form provides you with information required by Texas A&M University System Regulation 31.03.05 Family and Medical Leave, sections 5.2 and 5.3. It must be provided within five business days of your notification to your employer regarding the need for FMLA leave. To be eligible for FMLA leave, you must have worked for the state for at least 12 months and meet the hours of service requirement (1,250 hours) in the 12 months preceding the leave.

**Date:**

**To:**

**Department:**

On \_\_\_\_\_ we were notified of your need for leave beginning \_\_\_\_\_ for one of the following reasons: *(Select as appropriate)*

- ☐ The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child.
- ☐ Your own serious health condition
- ☐ To care for a family member with a serious health condition *(indicate relationship)*:
  - ☐ Spouse    ☐ Parent    ☐ Child under age 18    ☐ Child age 18 or older and incapable of self-care due to a mental or physical disability
- ☐ A qualifying exigency due to a family member's covered active military duty or notification of impending call to such duty *(indicate relationship)*:
  - ☐ Spouse    ☐ Parent    ☐ Child of any age
- ☐ To care for a family member who is a covered servicemember with a serious injury or illness *(indicate relationship)*:
  - ☐ Spouse    ☐ Parent    ☐ Child    ☐ Next of Kin

### Definitions:

- Spouse includes a husband or wife as recognized under state law, including common law and same-sex marriages, and marriages validly entered into outside the U.S. if recognized in at least one state.
- Child and Parent include in loco parentis relationships, where a person assumes parental obligations.
- FMLA leave may be taken to care for an individual who assumed parental obligations for you as a child or for a child for whom you have assumed parental obligations. No legal or biological relationship is required.

## SECTION I – NOTICE OF ELIGIBILITY

**This notice is to inform you that you are:**

- ☐ **Eligible** for FMLA leave. *(See Section II for additional information needed and Section III for your rights and responsibilities.)*
- ☐ **Not eligible** for FMLA leave because *(Select one)*:
  - ☐ You have not met the FMLA's 12-month length of service requirement (excluding breaks in service over seven years). As of the first date of requested leave, you have worked approximately **Click or tap here to enter text.** months towards this requirement.
  - ☐ You have not met the FMLA's 1,250 hours of service requirement. As of the first date of requested leave, you have worked approximately **Click or tap here to enter text.** hours towards this requirement.

## SECTION II – ADDITIONAL INFORMATION NEEDED

If you meet the eligibility requirements, please review the following to determine if more information is needed for us to determine whether your absence qualifies as FMLA leave. Once we receive all requested information, we will notify you **within 5 business days** whether your leave qualifies as FMLA leave and will count against your available FMLA leave. **If you do not provide complete and sufficient information in a timely manner, your leave may be denied.**

- ☐ No additional information requested. *(If checked, proceed to Section III.)*
- ☐ We request that the leave be supported by a certification, as identified below.
  - ☐ Health Care Provider for the Employee    ☐ Health Care Provider for the Employee's Family Member
  - ☐ Qualifying Exigency    ☐ Serious Illness or Injury *(Military Caregiver Leave)*

Selected certification form is attached. Medical certification must be returned by \_\_\_\_\_ . *(15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts.)*



- ☐ Please provide reasonable documentation or a statement to establish your relationship with your family member, including in loco parentis relationships (*as explained on page one*). This must be returned by \_\_\_\_\_. You may provide a simple statement or documentation such as a birth certificate, court document, or adoption/foster care documents. Official documents will be returned after review.
- ☐ Other information needed (*e.g., for military family leave*):  
Please return by \_\_\_\_\_

### SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

#### **Part A: FMLA Leave Entitlement**

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*). The 12-month period for FMLA leave is calculated as a fixed leave year based on a fiscal year beginning on September 1 and ending on August 31.

#### **Part B: Use of Paid and Unpaid Leave**

FMLA leave runs concurrently with paid or unpaid leave when the reasons for leave meet the FMLA criteria. You are required to take all available paid leave as part of the 12 weeks; however, sick leave may be taken only in situations when such leave would normally be permitted. If you have less than 12 weeks of paid leave, the rest of the leave will be unpaid. If you are receiving temporary disability benefit payments or workers' compensation benefits, then you are not required to use paid leave while on FMLA leave. If you remain on FMLA after these benefits end, you are then required to use available paid leave before using unpaid leave. You are not required to use compensatory time as part of an FMLA leave. However, if you choose to use FLSA or state compensatory time, that time will count as part of the 12 weeks of FMLA entitlement although it may fall in the middle of an FMLA leave.

#### **Part C: Maintain Health Benefits**

You may continue to participate in all insurance benefit plans as if you continued to work while on FMLA leave and coverage can continue for the leave's duration with unchanged levels of benefits and contributions. If you choose not to retain coverage during FMLA leave, you are entitled to have the benefits reinstated upon returning to work on the same terms as prior to taking the leave. While you are on paid leave, your share of premiums will continue to be deducted from your pay. While you are on unpaid leave, you will be billed monthly for your share of premiums for health care and other coverage. Arrangements for premium payments must be specified before the leave begins or as soon as practicable in case of emergency. If, while on unpaid leave, you fail to make arrangements to pay premiums or fail to make a payment within 30 days of the due date, all benefits will be dropped as of the last day of the last month for which premiums were paid, except those benefits fully paid by the employer contribution. Please contact Benefit and Retirement Services at (979) 862-1718 with questions regarding your premium payments.

#### **Part D: Return-to-Work Requirements**

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your timely return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

You must present a fitness-for-duty certificate from your health care provider certifying that you are able to safely perform the essential functions of your position before you will be allowed to return to work.

#### **Part E: Other Requirements While on FMLA Leave**

While on leave you are required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (*Indicate interval of periodic reports, as appropriate for the FMLA leave situation. Interval should not be more often than 30 days, or when their circumstances change*).

**If the circumstances of your leave change and you are able to return to work earlier than expected, you are required to notify us at least two workdays prior to the date you intend to report for work.**

If you have any questions, please contact your HR Professional:

**HR Professional:**

**Phone:**

**Email:**